GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

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"§ 135-48.43. Effective dates of coverage.

HOUSE BILL 232 PROPOSED COMMITTEE SUBSTITUTE H232-PCS90025-TK-5

Short Title: State Health Plan/Statutory Changes.-AB (Public) Sponsors: Referred to: March 7, 2013 A BILL TO BE ENTITLED AN ACT TO MAKE TECHNICAL AND OTHER CHANGES TO THE STATE HEALTH PLAN FOR TEACHERS AND STATE EMPLOYEES STATUTES, AS REQUESTED BY THE STATE HEALTH PLAN. The General Assembly of North Carolina enacts: **SECTION 1.** G.S. 135-48.30(a)(5) reads as rewritten: "§ 135-48.30. Powers and duties of the State Treasurer. The State Treasurer shall have the following powers and duties: May offer adopt, implement, and administer population health management programs, including case and disease management programs and wellness programs or incentives." **SECTION 2.** G.S. 135-48.40(b)(1) reads as rewritten: Partially Contributory Coverage. – The following persons are eligible for coverage under the Plan, on a partially contributory basis, subject to the provisions of G.S. 135-48.43: All permanent full-time employees of an employing unit unit.who meet (1) either of the following conditions: Paid from general or special State funds. Paid from non-State funds and in a group for which his or her h. employing unit has agreed to provide coverage. Employees of State agencies, departments, institutions, boards, and commissions not otherwise covered by the Plan who are employed in permanent job positions on a recurring basis and who work 30 or more hours per week for nine or more months per calendar year are covered by the provisions of this subdivision. For the purposes of this section, the full-time status of an employee will be determined by the employing unit in accordance with Section 4980H of the Internal Revenue Code and the applicable regulations, as amended." **SECTION 3.** G.S. 135-48.40(b)(2) is repealed. **SECTION 4.** G.S. 135-48.42(e) reads as rewritten: Eligible employees and retirees may only change their elections, including adding or removing dependents, during the Plan year due to a qualifying event as defined under federal law." **SECTION 5.** G.S. 135-48.43 reads as rewritten:



coverage with the following effective dates:

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conditions.

this section.

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(b)

SECTION 6. G.S. 135-48.51 reads as rewritten:

Waiting Periods and Preexisting Conditions. –

"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General Statutes.

The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

- (8) G.S. 58-3-250, Payment obligations for covered services.
- G.S. 58-3-265, Payment obligations for covered services. Prohibition on (9) managed care provider incentives.

Eligible Employees and Retired Employees. - Employees and retirees who

Employees and retired employees covered under the Predecessor Plan will

New employees may apply for coverage to be effective on the first day of

the month following employment, or on a like date the following month if

the employee has enrolled the date that the employee is determined by the

G.S. 135-48.40(b)(1) or, if later, the first day of any applicable stability

periods established by the employing unit in accordance with section 4980H of the Internal Revenue Code and the applicable regulations, as amended.

Employees age 19 or older not enrolling or adding dependents age 19 and

older when first eligible in accordance with G.S. 135-48.42 may enroll later

during annual enrollment, but may be subject to a 12 month waiting period

for a preexisting health condition, except employees who elect to change

their coverage in accordance with rules adopted by the State Treasurer for

Members of the General Assembly, beginning with the 1985 Session, shall

become first eligible with the convening of each Session of the General

Assembly, regardless of a Member's service during previous Sessions.

Members and their dependents enrolled when first eligible after the

convening of each Session of the General Assembly will not be subject to

any waiting periods for preexisting health conditions. Members of the 1983

Session of the General Assembly, not already enrolled, shall be eligible to

enroll themselves and their dependents on or before October 1, 1983,

without being subject to any waiting periods for preexisting health

Retiring employees and dependents enrolled when first eligible after an

employee's retirement are subject to no waiting period for preexisting

conditions under the Plan. Retiring employees not enrolled or not adding

dependents age 19 and older when first eligible after an employee's

retirement may enroll at a later on the first of any following month, time

during annual enrollment, but will-may be subject to a 12-month waiting

period for preexisting conditions except as provided in subdivision (a)(3) of

otherwise satisfy the eligibility requirements set forth in G.S. 135-48.40 will be offered

employing unit to be a full-time employee as

continue to be covered, subject to the terms hereof.

optional alternative plans offered under the Plan.

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SECTION 7. G.S. 147-86.23 reads as rewritten:

"§ 147-86.23. Interest and penalties.

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15 16 A State agency shall charge interest at the rate established pursuant to G.S. 105-241.21 on a past-due account receivable from the date the account receivable was due until it is paid. A State agency shall add to a past-due account receivable a late payment penalty of no more than ten percent (10%) of the account receivable. A State agency may waive a late-payment penalty for good cause shown. If another statute requires the payment of interest or a penalty on a past-due account receivable, this section does not apply to that past-due account receivable. This section does not apply to money owed to the University of North Carolina Health Care System or to East Carolina University's Division of Health Sciences for health care services or services, to the North Carolina Turnpike Authority for money owed to the Authority for tolls. Tolls, or to the North Carolina State Health Plan for past-due account receivables related to premiums and claims payments."

SECTION 8. Sections 2, 4, and 5 become effective July 1, 2013, and apply to plan years beginning on or after that date. The remainder of this act is effective when it becomes law.